## Michigan Commission on Law Enforcement Standards Registry of Criminal Justice In-Service Training TRAINING PROVIDER FACT SHEET

AGENCY NAME: DEPARTMENT NAME:		
ADDRESS1: ADDRESS2: CITY: STATE: ZIP CODE:		
SEND MAILINGS TO:	(Select one)	1st Contact Person 2nd Contact Person 3rd Contact Person
1 <sup>ST</sup> CONTACT PERSON: TELEPHONE NUMBER: E-MAIL ADDRESS:		
2 <sup>ND</sup> CONTACT PERSON: TELEPHONE NUMBER: E-MAIL ADDRESS:		
3 <sup>RD</sup> CONTACT PERSON: TELEPHONE NUMBER: E-MAIL ADDRESS:		
ORGANIZATION E-MAIL ADDRESS:		
ORGANIZATION INTERNET ADDRESS:		
FAX NUMBER:		